

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-598627

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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48		1				
49		1				
50		1				
TOTAL IND.	17	↓		↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						